

Review Form 1.6

Journal Name:	Journal of Pharmaceutical Research International
Manuscript Number:	Ms_JPRI_80663
Title of the Manuscript:	Review on Moderate to Severe Asthma in Primary Care, Review Article
Type of the Article	Review Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>The following sentences need at least one reference to back up their statements, otherwise they would be only mere assumptions from the authors:</p> <ul style="list-style-type: none"> • “The combination of patient symptoms and respiratory function testing is required for a reliable diagnosis of asthma.” • “As the symptoms of asthma are sometimes ambiguous and can be triggered by other diseases, it's crucial to rule out disorders that resemble asthma, especially in older people who are more subjected to have other illnesses.” • “A pulmonary examination in an asthmatic patient is frequently unremarkable.” • “Expiratory wheezing is possible; however it is neither sensitive nor unique to this disease.” • “Inspiratory wheeze is unusual and could indicate a different or additional condition.” • “Crackles, on the other hand, should prompt you to examine other possibilities.” • “Patients may exhibit symptoms of rhinitis or postnasal drip.” • “In most cases, radiographic studies and blood tests are not required in the diagnostic process until there is a suspicion of a different diagnosis.” • “Elevations in eosinophils, immunoglobulin E (IgE), or allergen-specific IgE, while useful in detecting allergic illness and evaluating advanced therapy, are neither sensitive nor specific for the initial diagnosis of asthma.” • “Although fractional exhaled nitric oxide (FeNO) is a sign of eosinophilic airway inflammation, it is rarely used in asthma diagnosis.” • “Respiratory function, symptom recurrence, and frequency of exacerbations can all be used to determine the severity of asthma before starting medical treatment.” • “Severity is defined as frequent, mild - to - moderate persistent or severe persistent, and can guide first therapy decisions. Mild intermittent symptomatology is no longer advised since it suggests that other severities cannot be symptomatic. Importantly, asthma severity is not a static attribute and should be reclassified at each visit based on the quantity of medication required to manage or relieve asthma symptoms. Changes in asthma severity might signal new environmental exposures, comorbidities, or disease progression.” • “Asthma care relies heavily on avoiding triggers. Common triggers and techniques for dealing with them are listed below: <ul style="list-style-type: none"> • Ambient air pollution :Remain indoors during poor air quality days • Certain foods :Test for food-specific allergies, avoidance • Cigarette smoke :Smoking cessation assistance, home smoking ban • Cockroaches: Sweep and vacuum regularly, use roach traps. ” 	
Minor REVISION comments		
Optional/General comments		

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PART 2:

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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